Technical Memorandum: Access to Care During COVID-19 Survey

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Introduction

In collaboration with CI: Now and The Health Collaborative, the Institute for Demographic and Socioeconomic Research (IDSER) at The University of Texas at San Antonio (IDSER - UTSA, thereafter) has developed a survey about healthcare seeking and healthcare experiences before and during the COVID-19 pandemic. The survey was based on community partner inputs and included demographic information, self-report measures assessing physical health, mental health, education, employment, finances, insurance, and self-efficacy as well as open-ended questions regarding health priorities, concerns, and resource/service needs. Respondents were recruited through social media, physical and electronic recruitment materials, and community partner word-of-mouth collaboration.

Surveys were collected via an online survey platform (Qualtrics), printed survey sheets (manually entered to the Qualtrics platform by The Health Collaborative team), and scannable survey sheets. Surveys were available in English, Spanish, Vietnamese, Chinese (Traditional and Simplified), Arabic, Pashto, and Farsi. Survey promotional flyers with the survey URL link and QR code were broadly distributed by all the project team members, including the Metro Health, CI: Now, UT Health Houston School of Public Health, The Health Collaborative, and IDSER-UTSA. Throughout the survey collection period from Jan. 23rd to Mar. 3rd, 2023, the team successfully collected a total of 1,821 surveys.

After the survey was officially closed on Mar. 3rd, 2023, the IDSER-UTSA team exported all the survey data and combined them into a single master spreadsheet. The data file then underwent the team's data cleaning processes, including removing duplicated records, recoding items, and assessing data quality. The IDSER-UTSA team also supplemented the data with the most current 2021 American Community Survey (ACS) 1-Year estimates data for assessing the representativeness (in Bexar County) of the survey data. Standard descriptive statistics were provided in the following sections to summarize demographic and survey item. Results were summarized and illustrated in charts and figures. In addition, the IDSER-UTSA team has coded qualitative responses to identified themes, patterns and overlaps, and developed word cloud images or histograms to summarize the key takeaway points from the qualitative data. Findings from both quantitative and qualitative survey responses will help the project team to identify: (1) unserved or underserved populations who lack access to healthcare and (2) service gaps and barriers to accessing healthcare services (3) attitudes and perceptions relating to one's healthcare.

Development of the Access to Care During COVID-19 Survey

Development of the Survey Instrument

The IDSER-UTSA team began the survey development by reviewing various survey instruments focusing on access to healthcare during the COVID-19 pandemic and grouped sample questions into a high priority question pool and a median priority question pool. Project members then collectively selected about 30 questions from both pools (including demographic and socioeconomic questions) to be included in the survey instrument. Based on several in-depth discussions between the project team members and the City of San Antonio C&E division (the unit oversees all the surveys concerning residents in the City), it was determined that the required demographic questions in the SASpeakUp Campaign list should be separated from the survey instrument to protect the respondents' anonymity.

The draft survey instrument was created on the Qualtrics platform with a mobile friendly feature and was accessibility compatible. The draft survey was launched and underwent a pilot testing from Jan. 9th to Jan. 13th, 2023. The pilot survey had high participation from stakeholders and staff members of all the project team members (Metro Health, CI: Now, UT Health Houston School of Public Health, The Health Collaborative, and IDSER-UTSA). Survey questions were revised and refined based on feedback provided by the pilot survey participants. After finalizing the survey instrument (see the Appendix for the finalized survey instrument), all the survey questions were translated into Spanish, Chinese (Traditional and Simplified), Vietnamese, Arabic, Pashto, and Farsi. Survey promotional flyers (with the survey URL link and QR code) were also created in various languages to go with the official launch of the survey (see the Appendix for the survey promotional flyers) on Jan. 23rd, 2023.

Strategies of Survey Collection

The project goal was to collect at least 1,500 administered surveys (at least 300 in Spanish and 100 in other languages). The IDSER-UTSA team created a spreadsheet tracking each of the project member's outreach effort regarding distributing the survey through the member's community partners or personal networks. The survey link (and QR code) and promotional flyers were well distributed to community organizations based in Bexar County. With help from the Metro Health Communications Team, the survey was also advertised on the SASpeakUp website. In order to address the digital divide issue facing the targeted underserved population, The Health Collaborative (THC) team prepared printed survey sheets and deployed their staff members to events and venues (such as culture centers, places of worship, and senior centers) to collect survey responses. Designated THC staff members were in charge of entering information collected from each of the printed survey sheets onto the Qualtrics platform. For the purpose of reducing processing time, the IDSER-UTSA team also created scannable printed survey sheets in various languages. With the assistance of Optical Mark Recognition (OMR) software, the IDSER-UTSA team was able to automatically record answers collected from the scannable survey sheets. Throughout the entire survey collection period (from Jan. 23rd to Mar. 3rd, 2023), a total of 1,821 surveys were collected. There were 910 surveys completed in Spanish, and 65 surveys were completed in either Chinese, Vietnamese, Arabic, or Pashto. On another note, 1,066 respondents have also completed the SASpeakUp survey. The exported SASpeakUp survey data file was delivered to the Metro Health team and will be used for their public engagement efforts afterwards.

Preparation of the Access to Care During COVID-19 Survey Data

Data Cleaning Process

The IDSER-UTSA team exported the survey data file from Qualtrics and the OMR software (for scannable survey sheets) after the survey was officially closed. Survey responses from the above mentioned two sources were then merged into a single master file (spreadsheet). To begin the data cleaning process, the master file spreadsheet was imported to Stata (a statistic software package) and underwent several data cleaning procedures: First, 14 duplicated records with identical answers to all the questions and key information (e.g., IP address, survey duration, and selected language for the survey) were detected and removed from the data file; second, survey responses with open-ended comments in the "Other" options provided information for assigning those survey responses to existing response options associated with the question; third, some ZIP codes provided by the respondents were not legitimate numbers (e.g., additional zero in the ZIP code or missing one digit in the ZIP code). The IDSER-UTSA team was able to make reasonable decisions on how to recode those erroneous ZIP code values; lastly, the IDSER-UTSA team thoroughly reviewed all the responses in the open-ended comment questions, and manually coded those qualitative responses to identified themes, patterns and overlaps.

Final Survey Completion Counts

After the data cleaning process, the finalized data set was ready for data quality assessment. The survey instrument was composed of 30 questions, including demographic/socioeconomic questions and core questions concerning respondents' healthcare access before and during the COVID-19 pandemic. Survey responses with 50% or more completed survey questions (i.e., at least 15 questions were answered) were deemed valid/qualified survey responses. In other words, survey responses with less than 50% of completed survey questions were excluded from the analysis. In total, 1,627 (or 89.4%) responses were identified as valid records while 194 responses (or 10.6%) were without an adequate amount of completed answers (thus, being excluded from the data analysis). The IDSER-UTSA team also supplemented the data with the most current 2021 American Community Survey (ACS) 1-Year estimates data for assessing the representativeness (in Bexar County) of the survey data. Details about the demographic comparisons between Bexar County residents and the survey respondents are included in the following data analysis sections.

Access to Care During COVID-19 Survey Analysis

Concepts in the Analysis

1. Definition of Race/Ethnicity in the Survey Analysis

This section details the race and ethnicity reported by the survey respondents. It is important to note that data on race is based on self-identification and reflects, according to the U.S. Census Bureau, a social definition of race from which multiple identities can be selected (2023)[1]. Furthermore, the U.S. Census Bureau, following the Office and Management and Budget's (OMB) definitions of race, tabulates race data using five race categories: Non-Hispanic (NH, thereafter) White Alone, NH Black Alone, NH Asian Alone, Hispanic, and NH Other Alone. While this means that race categories can be mutually exclusive, they are not necessarily reflecting a growing number of individuals who identify as more than one race (U.S. Census Bureau, 2021)[2]. The following analysis relies on tabulating multiple race/ethnicity identities (i.e., allowing individuals to identify with multiple race/ethnicity groups). As shown in Figure 1, the largest share of the survey respondents is Hispanic (73.9%), followed by NH White (15.5%). Aside from the fact that the survey has a larger share of Hispanic and NH Asian residents and a smaller share of NH White, NH Black, and NH Other residents than does Bexar, overall, the survey respondents share a similar race/ethnicity composition with Bexar County residents (in 2021).

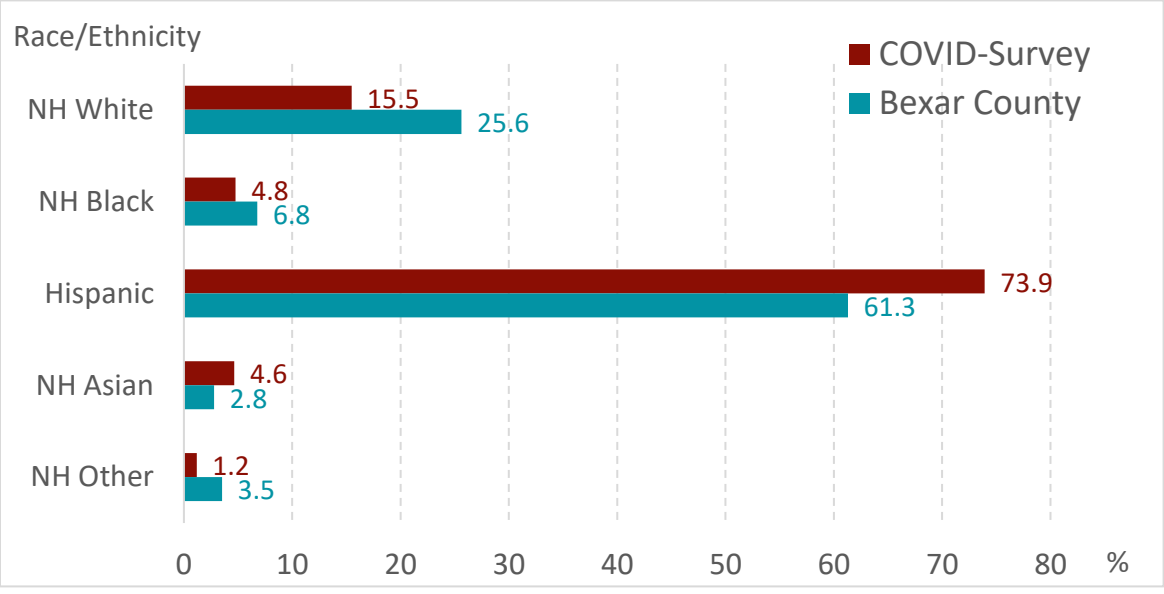


Figure 1. Race/Ethnicity Composition of the Survey Data and Bexar County 2021 ACS 1-Year Data

[1] U.S. Census Bureau. (2023, January 12). Why We Ask Questions About...Race. American Community Survey. https://www.census.gov/acs/www/about/why-we-ask-each-question/race/

[2] U.S. Census Bureau. (2021, August 12).2020 Census Illuminates Racial and Ethnic Composition of the Country. Improved Race and Ethnicity Measures Reveal U.S. Population Is Much More Multiracial. https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html

2. Definition of Valid/Qualified Survey Responses

There are 30 questions in the survey instrument, and a good quality response should contain at least 15 properly completed questions. Therefore, survey respondents who completed less than 50% of the survey questions (i.e., 14 questions or less) were excluded from the analysis. Figure 2 summarizes the quality of the survey responses by presenting the survey's completion status by race/ethnicity. The survey completion status header is denoted on the upper left-hand side of Figure 2, with a legend corresponding to each of the race/ethnicity breakouts in the upper right-hand corner. The percentages presented here are (almost) all over 90 percent across all race and ethnicity groups, indicating the quality of the survey responses is reasonably good regardless of respondents' race/ethnicity.

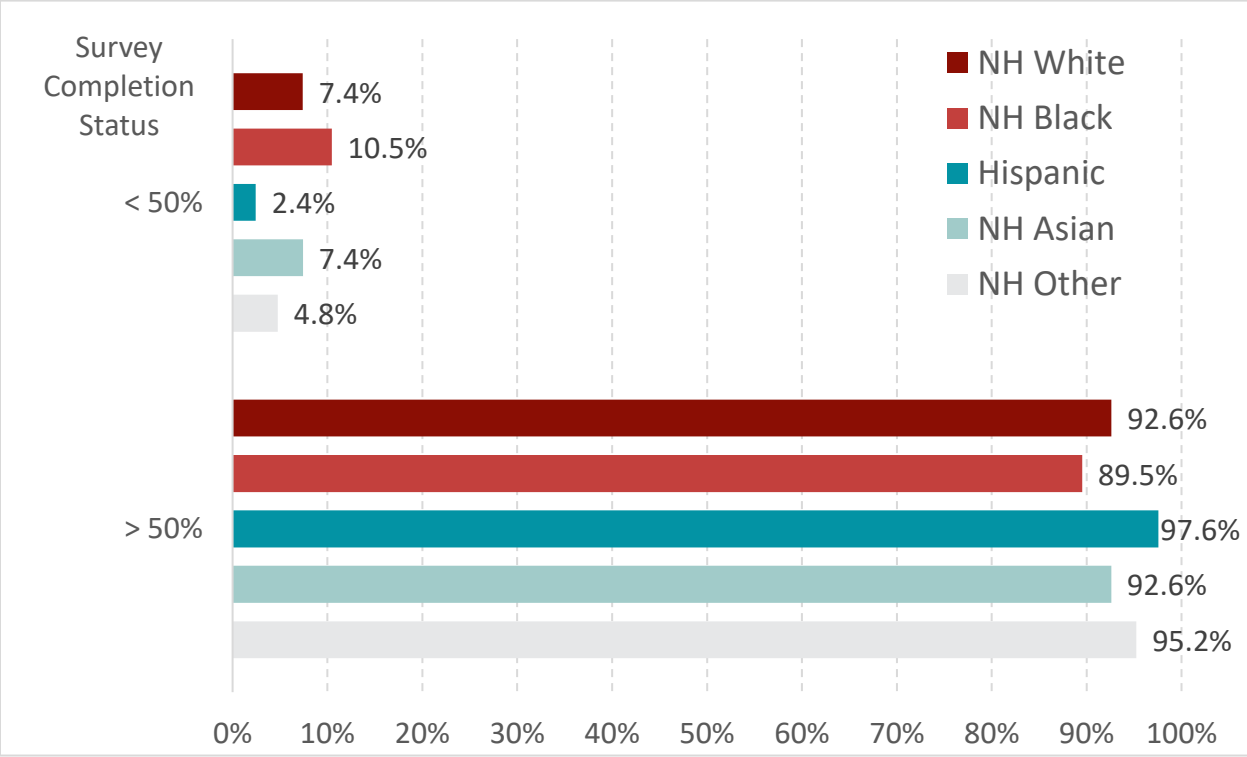


Figure 2. Percent of Valid Responses by Race/Ethnicity

3. Geographic Coverage of Valid/Qualified Survey Responses

This thematic map (Figure 3) represents the final (valid) survey counts by ZIP Code in Bexar County. The light colors represent no responses and lower counts of respondents, whereas the darker colors represent higher respondent counts for this geography (ZIP Code). For reference, Bexar County is delineated by the dark black outline, with Bexar County ZIP Codes delineated by the lighter grey outline. As illustrated in Figure 3, most respondents live in ZIP Codes that sit within the central or southern parts of the county. Overall, the COVID-19 community survey has received at least one response from all the Bexar County ZIP code areas, with high respondent counts concentrated around communities that have higher shares of underserved population in Bexar County (the central and southern parts).

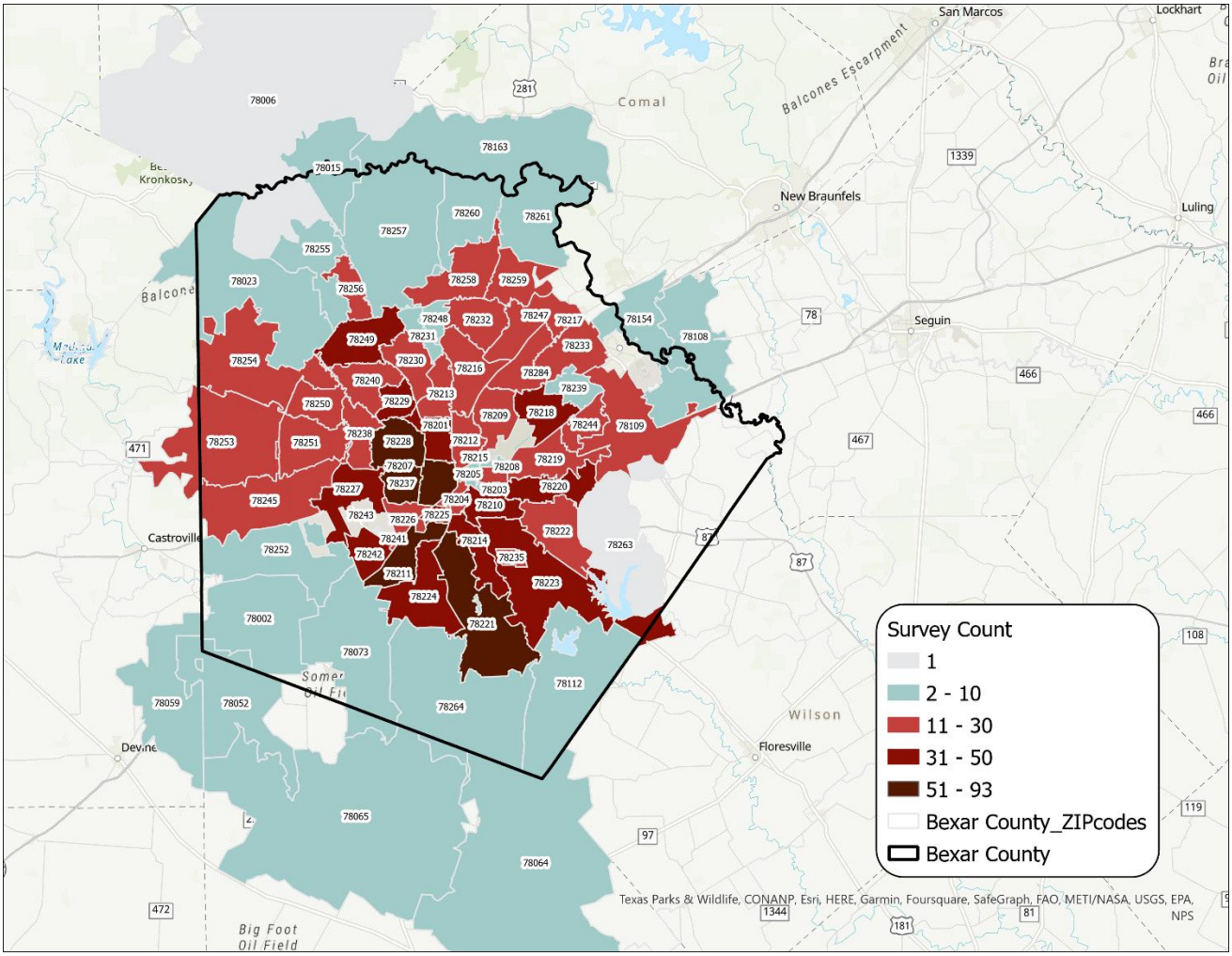


Figure 3. Valid Survey Response Counts by ZIP Code

Survey Results Analysis – Demographics

1. Distribution of Selected Survey Language in the Survey Sample

As shown in Figure 4, more than 50% of the surveys were completed in Spanish, while about 46% of the surveys were completed in English. This can be attributed to the Health Collaborative Team's outreach effort targeting Spanish speaking (and under-served) communities. Only a handful of surveys were completed in Pushto, Chinese, Arabic and Vietnamese.

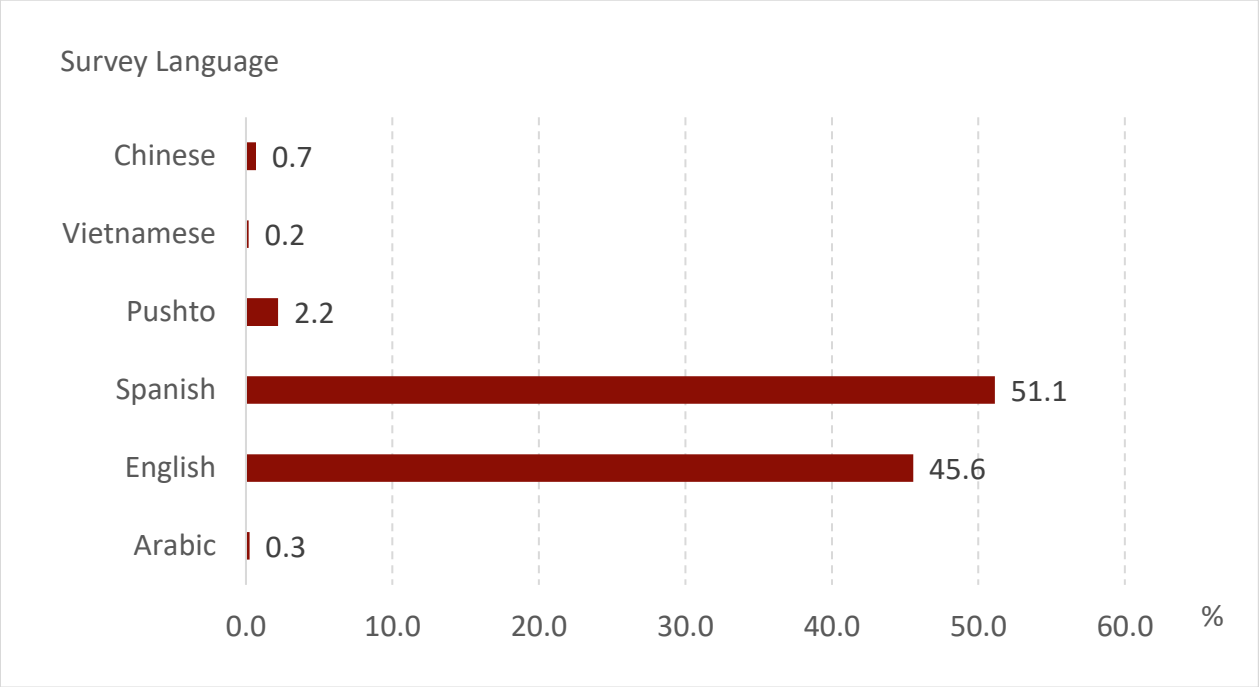


Figure 4. Distribution of Selected Survey Language in the Survey Data

2. Gender Distribution of the Survey Sample

Generally speaking, significantly more females responded to the survey than males. Specifically, as Figure 5 shows, the final survey sample is comprised of 69.2% female respondents and 30.5% male respondents. In contrast, 50.4% of Bexar county residents are female and 49.6% are male. The IDSER-UTSA team has compared responses between male respondents and their female counterparts regarding all the survey questions and found no significant differences (except for gender-specific healthcare services, such as "Pregnancy and postpartum care").

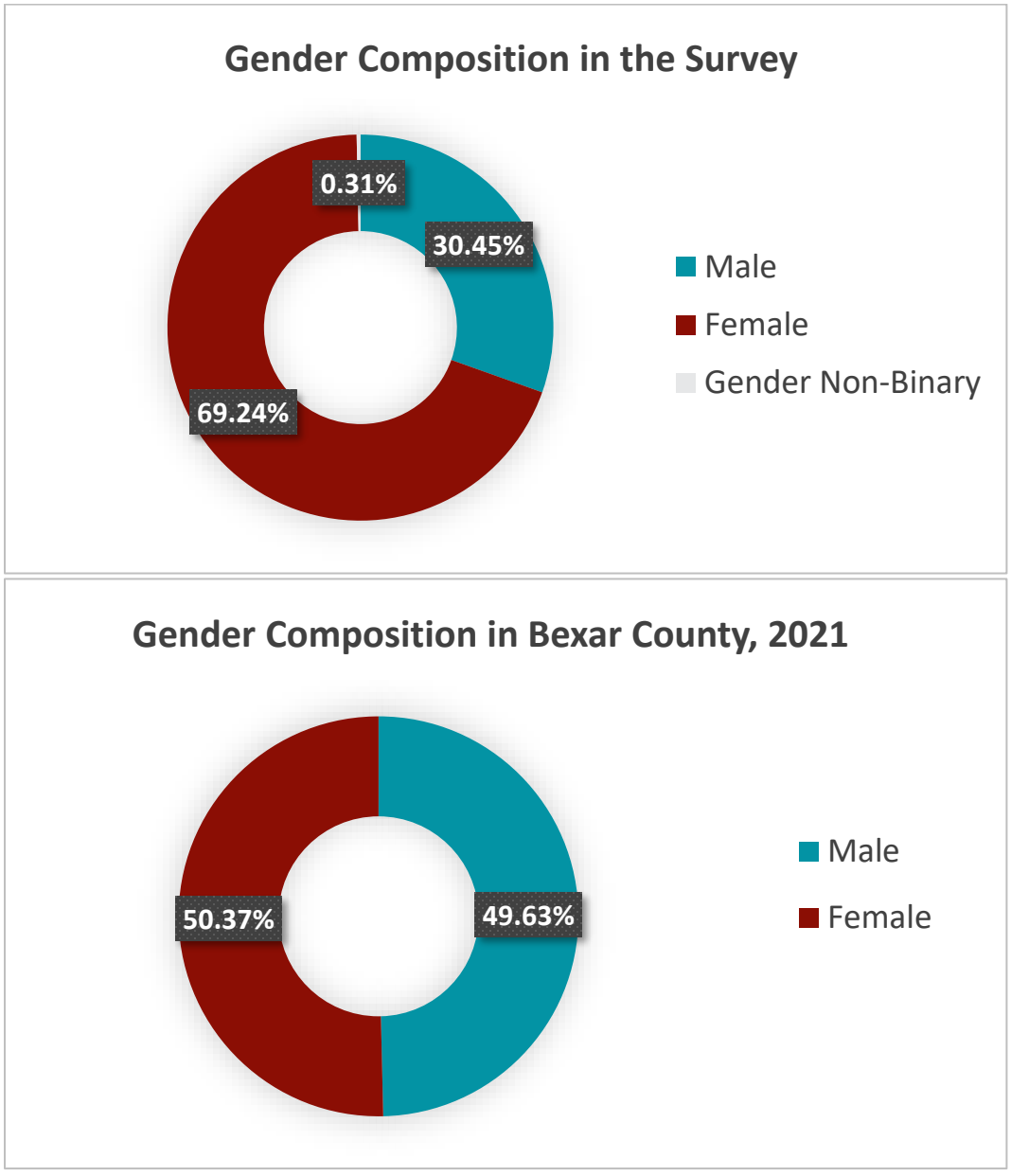


Figure 5. Gender Composition for the Survey Data and Bexar County 2021 ACS 1-Year Data

3. Age Distribution of the Survey Sample

Figure 6 illustrates the counts of survey respondents by age group along with a comparison age distribution of the Bexar County adult population (aged 18 or above). Approximately 57% of the survey respondents (maroon bars) are between 18 and 44 years old, resulting in a median age of 42.1 for this survey sample. Similarly, 53% of the Bexar County adult population (turquoise bars) are between 18 and 44 years old, resulting in a median age of 43.3 for the county's adult population. However, the survey sample has a larger share of respondents aged between 35 and 54 years old and a smaller share of elderly people (aged 65 or above), compared to the county's adult population.

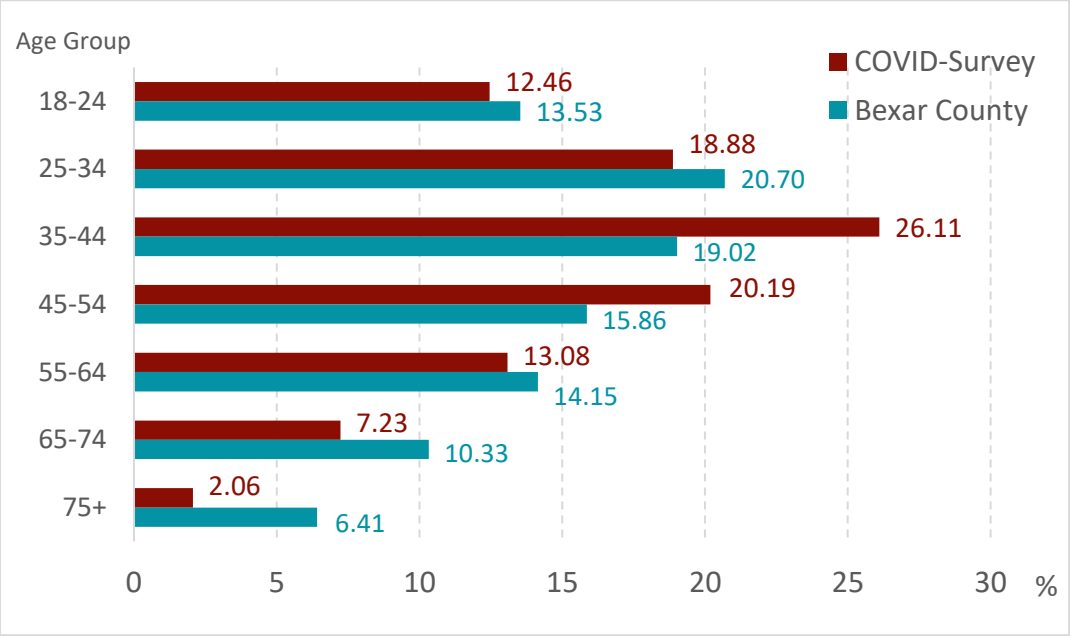


Figure 6. Age Distribution of the Survey Data and the 2021 Bexar County Adult Population[3]

[3] https://data.census.gov/table?q=b01001&g=0500000US48029

4. Household Income Distribution of the Survey Sample

The household income distribution of the survey sample is illustrated in Figure 7. The figure shows that the highest concentration of income categories for the survey sample (maroon bars) was between less than $15,000 to approximately $50,000 (about 69.5% of the survey respondents), resulting in a median household income of $33,044 for the survey sample. In contrast, only 39.8% of the households in Bexar County (turquoise bars) had income between less than $15,000 to approximately $50,000, resulting in a median household income of $63,057. The significant difference in the median household income between the Bexar County households (in 2021) and the households in the survey sample can be attributed to the fact that the survey sample has larger shares of households with relatively low income than does the county. Once again, this can be attributed to the Health Collaborative Team's outreach effort targeting at Spanish speaking (and under-served) communities.

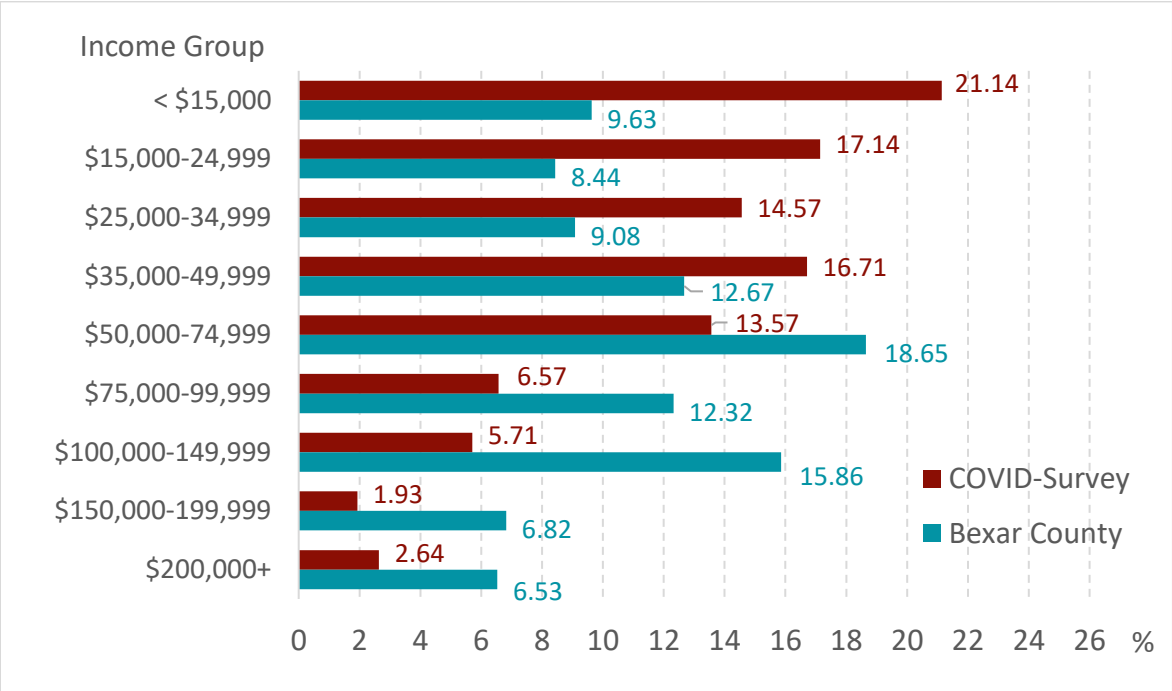


Figure 7. Household Income Distribution of the Survey Data and Bexar County 2021 ACS 1-Year Data[4]

[4] https://data.census.gov/table?q=s1901&g=0500000US48029&tid=ACSST1Y2021.S1901&moe=false

5. Distribution of Health Insurance Status in the Survey Sample

According to Figure 8, nearly 37% of the survey respondents reported having no health insurance coverage, 31% had employer-sponsored health insurance, 8% paid for their own health insurance with no sponsorship from their employers, and 11% and 10% received health insurance through public benefit programs such as Medicare and Medicaid, respectively. The top segment of Figure 9 consolidates health insurance status into three categories: uninsured, insured through employer-sponsored health insurance or private health insurance, and insured through public health insurance benefits. As shown in the bottom segment of Figure 9, according to the Census Bureau 2021 American Community Survey 1-Year file[5], almost 17% of Bexar County residents are uninsured (or without health insurance coverage). By contrast, more than one-third (37%) of the survey respondents are without health insurance coverage, which is more than double that of the county. This can also be attributed to the Health Collaborative Team's outreach effort targeting at Spanish speaking (and under-served) communities.

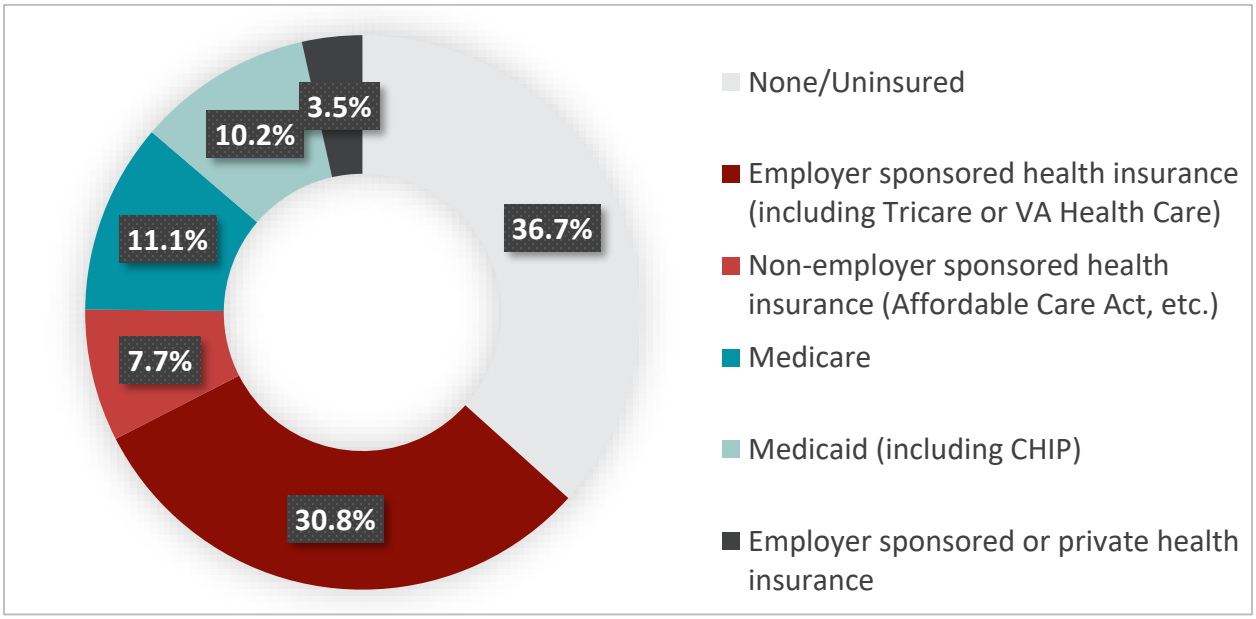


Figure 8. Distribution of Health Insurance Status of the Survey Data

[5] https://data.census.gov/table?q=health+insurance&g=0500000US48029&tid=ACSST1Y2021.S2701&moe=false

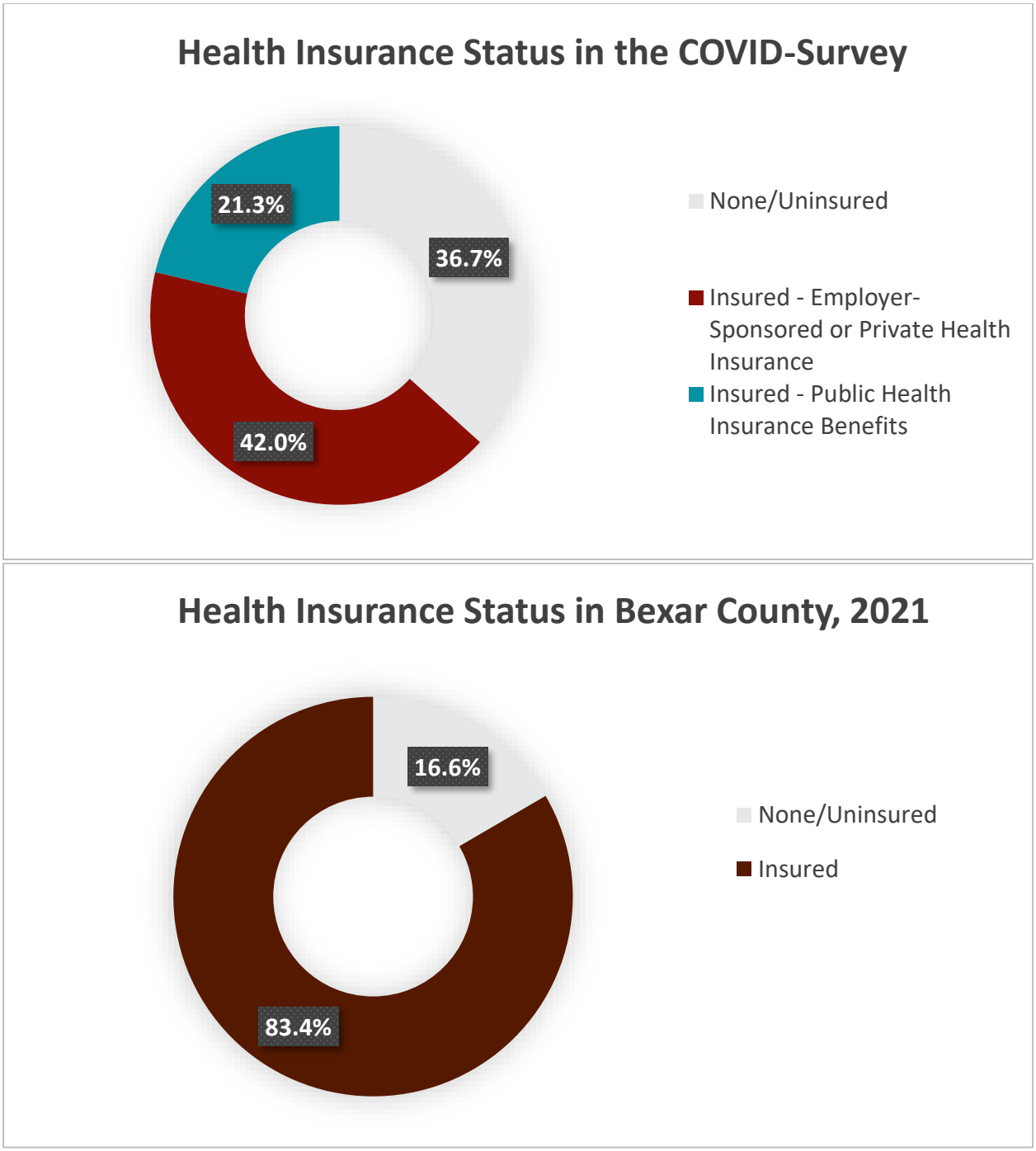


Figure 9. Health Insurance Status of the Survey Data and Bexar County 2021 ACS 1-Year Data

Survey Results Analysis – Access to Healthcare Questions

1. Question: DURING the early COVID-19 pandemic (March 2020 - March 2022), how often did you use telehealth (phone or video) to get the care you needed?

As shown in Figure 10, most of the survey respondents (42%) never used telehealth during the COVID-19 pandemic, and less than 12% of the survey respondents chose to use telehealth for all their medical visits during the COVID-19 pandemic. When further analyzing the utilization of telehealth by respondents' health insurance status, as shown in Figure 11, results suggest respondents without health insurance coverage were more likely to have never used telehealth during the COVID-19 pandemic (58.6%, compared to 31.4% and 36.5% among their insured counterparts). When examining the utilization of telehealth by respondents' race/ethnicity, respondents identifying as Hispanic were more likely (43.2%) to have never utilized telehealth during the COVID-19 pandemic, compared to all the other groups (ranges from 26.3% to 37.7%), as illustrated in Figure 12. In addition, it may be worth noting that there is a significant higher proportion (43.8%) of NH Asian respondents who utilized telehealth for half of their medical visits during the pandemic, compared to respondents identifying as other race/ethnicity groups (ranges from 10.5% to 17.0%).

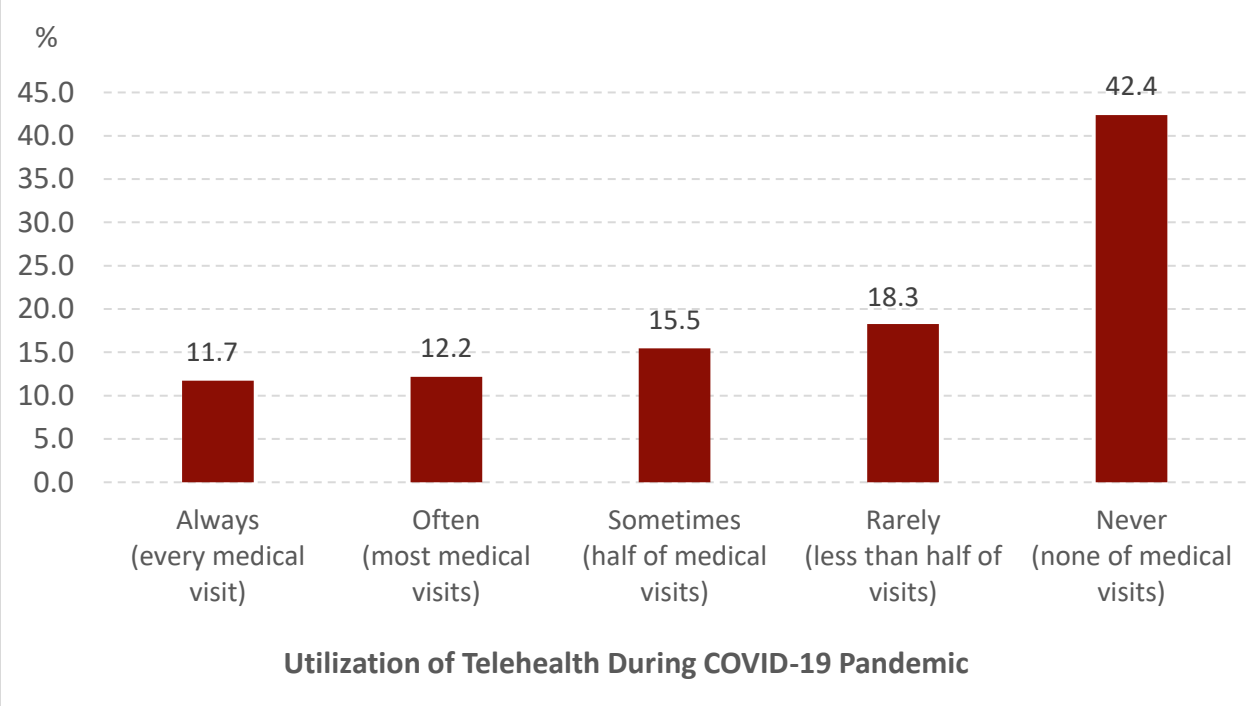


Figure 10. Frequency of Utilizing Telehealth During COVID-19 Pandemic

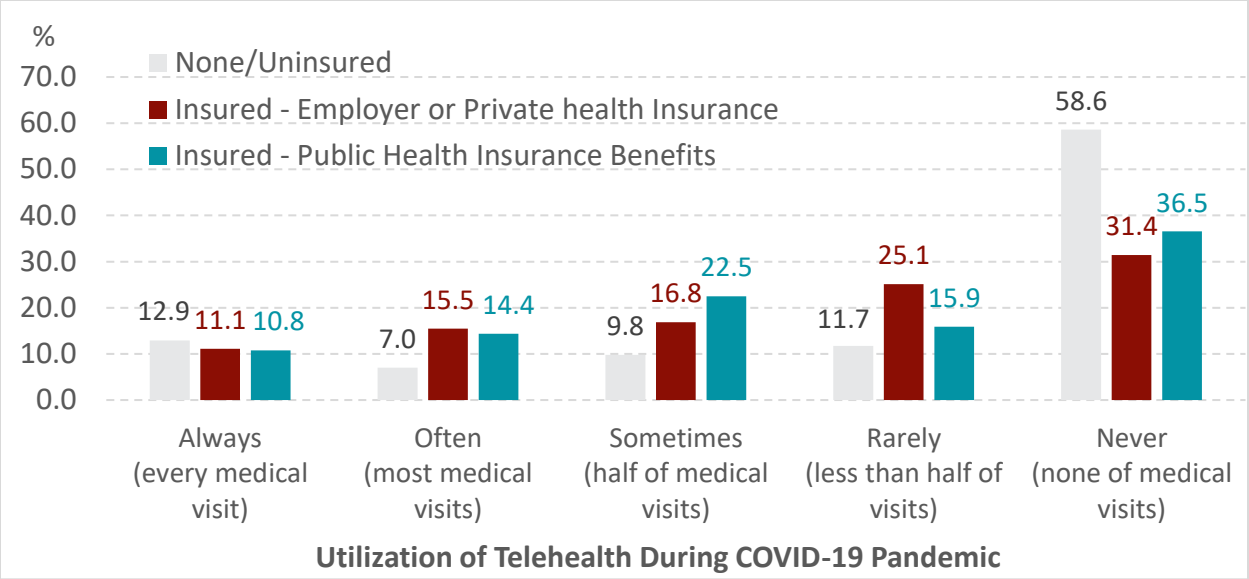


Figure 11. Frequency of Utilizing Telehealth During COVID-19 Pandemic by Health Insurance Status

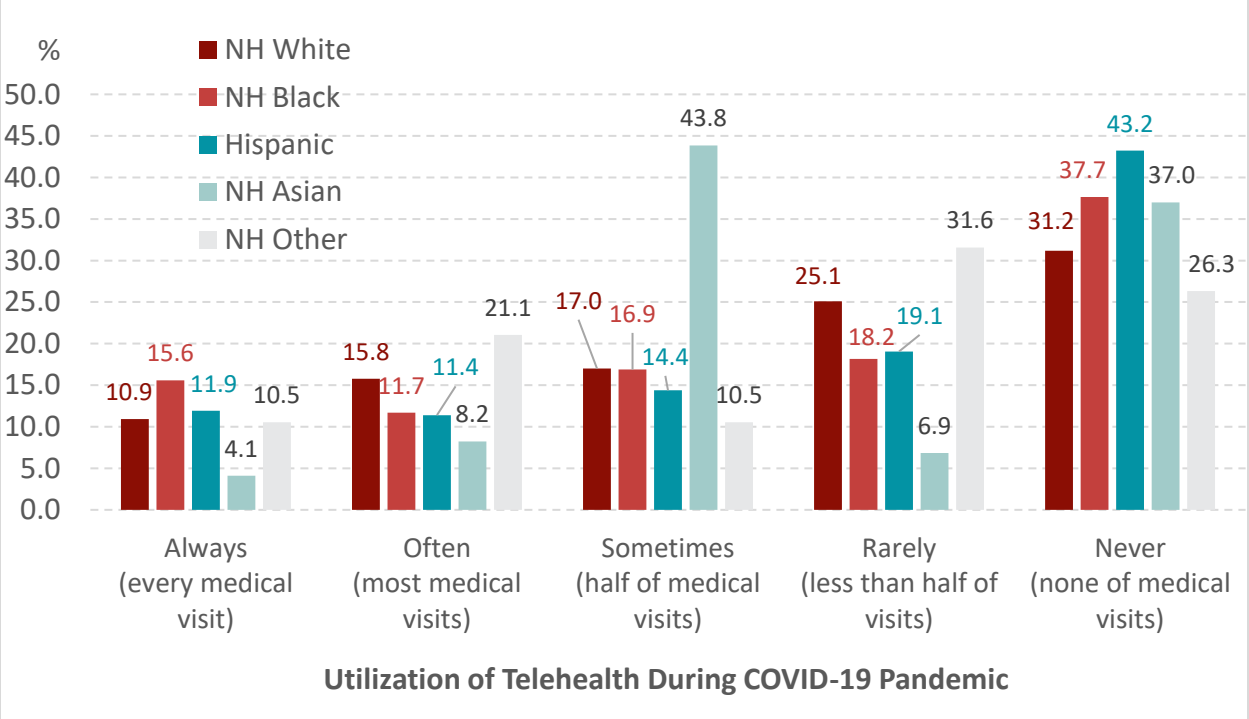


Figure 12. Frequency of Utilizing Telehealth During COVID-19 Pandemic by Race/Ethnicity

2. Question: Thinking of everyone in your household, how likely did your household members use each of these healthcare services DURING the early COVID-19 pandemic (March 2020 - March 2022), compared to BEFORE the pandemic (before March 2020)?

As Figure 13 illustrates, each horizontal bar represents one type of healthcare service, such as adult checkups, mental health services, and urgent/emergency care (non-COVID symptoms). The segments of each bar represent various levels of utilization for each healthcare service during the COVID-19 pandemic, including more likely (to utilize) than before (the pandemic), about the same as before, less likely than before, and not applicable. Overall, the widest segment for each bar is "About the same as before", indicating the COVID-19 pandemic did not significantly change people's behaviors of utilizing healthcare services. However, as we compare the width of the "Less likely than before" segment across healthcare services, dental care is the healthcare service that was least likely to be utilized during the pandemic (compared to before the pandemic), followed by adult checkups. This implies that people were more likely to postpone (or pause) seeking dental care services or adult checkups during the pandemic. In contrast, when we compare the width of the "More likely than before" segment across healthcare services, immunizations outside of regular checkups were most likely to be utilized during the pandemic (compared to before the pandemic), followed by non-COVID related urgent/emergency care. This indicates the pandemic has heightened people's awareness about immunizations (outside of regular checkups) and made people more likely to utilize urgent/emergence care services for non-COVID symptoms.

Figure 14 shows the other types of specialty care used by the survey respondents. The larger the font size of a specialty care means that specialty care is mentioned more frequently than other specialty cares by the respondents. As shown in Figure 14, the most frequently used specialty care during the COVID-19 pandemic among the respondents is dermatology, followed by oncology and neurology.

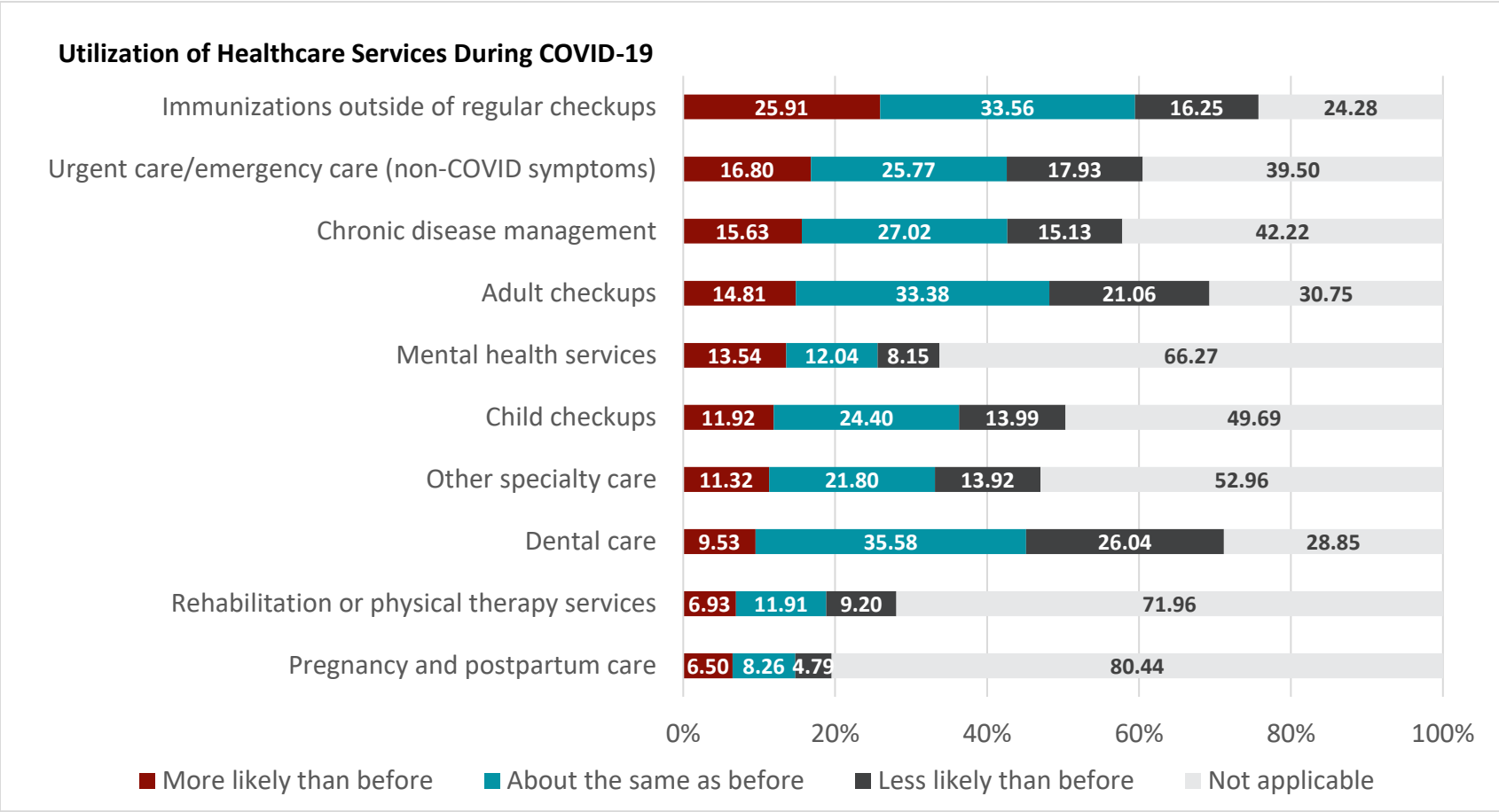


Figure 13. Utilization of Healthcare Services Before and During the COVID-19 Pandemic

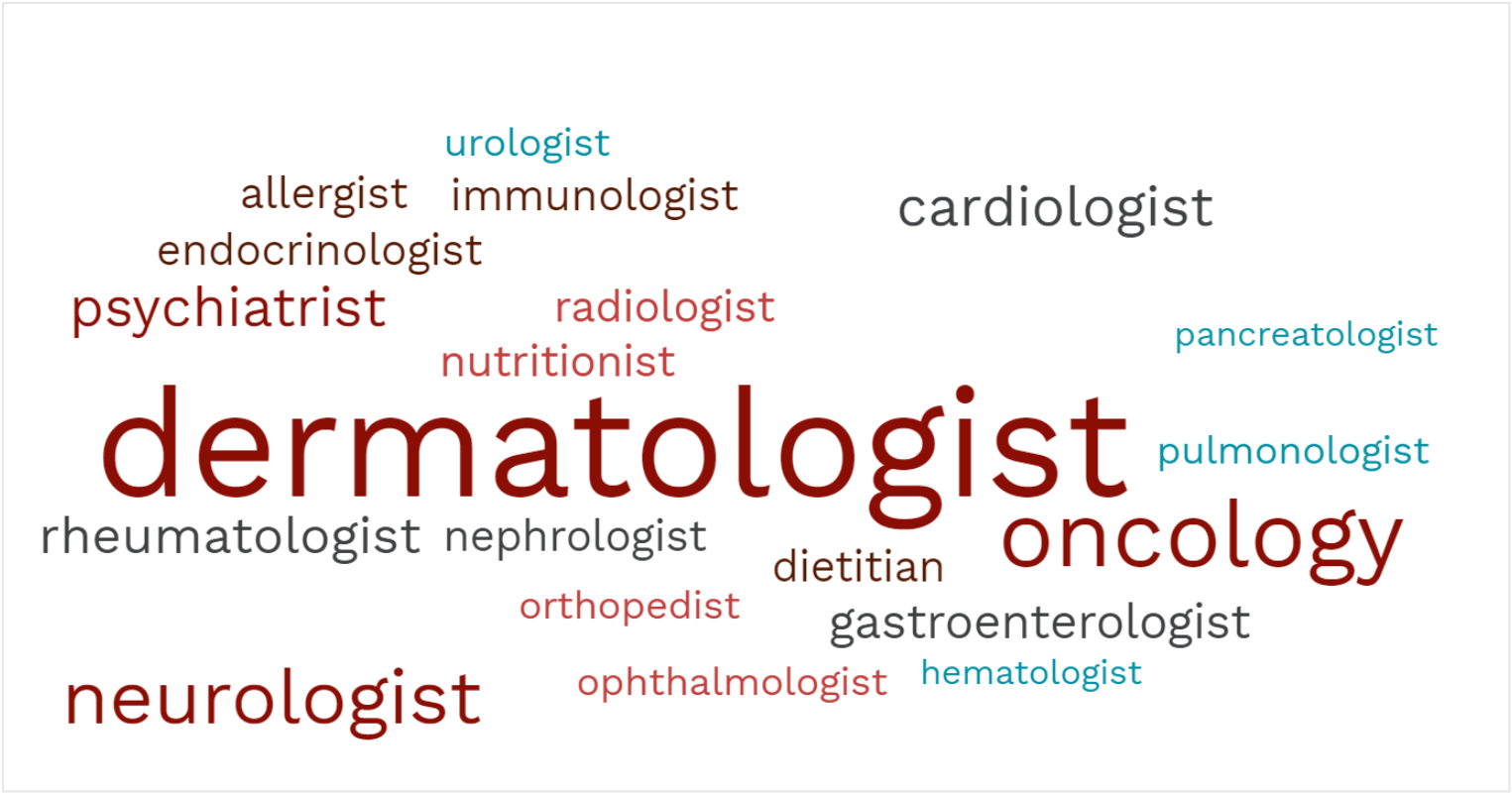


Figure 14. Types of Other Healthcare Services Utilized During the COVID-19 Pandemic

3. Question: Thinking of everyone in your household and all your healthcare needs, were any of these common issues a problem in getting needed care DURING the early COVID-19 pandemic (March 2020 - March 2022), compared to BEFORE the pandemic (before March 2020)?

As shown in Figure 15, each horizontal bar represents one type of barrier to healthcare service, such as fear of catching illness while seeking care, difficulty in getting medical appointments, and cost of prescription medicines. The segments of each bar represent different levels of hinderance regarding each barrier during the COVID-19 pandemic, including more a problem than before (the pandemic), about the same as before, less a problem than before, never a problem, and not applicable. “Fear of catching COVID or another illness while visiting doctor’s office” is the most frequently mentioned barrier to obtaining healthcare during the pandemic by 46.3% of the respondents, followed by “Difficulty in getting an appointment when care is needed” (36.3%). Results also suggest more than one-third of the respondents (ranges from 34.4% to 42.5%) claimed that “Language barriers to find needed healthcare”, “Lack of transportation to get healthcare”, “Access to computer and internet for telehealth”, “Discrimination or rude treatment by healthcare staff”, and “Not knowing how to find needed healthcare” have never been a problem to them.

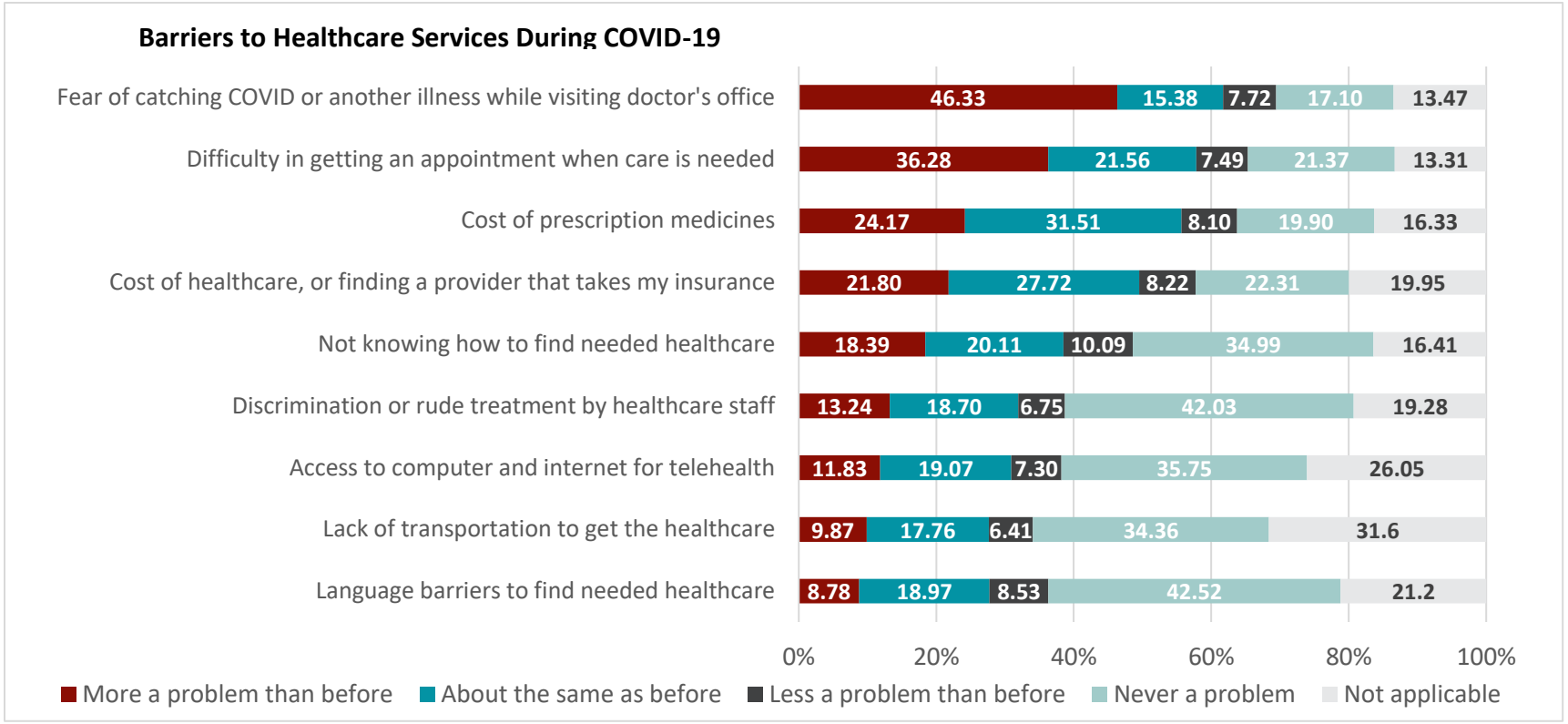


Figure 15. Barriers to Healthcare Services Before and During the COVID-19 Pandemic

4. Question: Thinking of everyone in your household and all your healthcare needs, how did the COVID-19 pandemic affect your access to the healthcare you needed? In your own words, why did you choose the previous answer regarding how the COVID-19 pandemic affected your access to the healthcare you needed?

Figure 16 summaries respondents' perception of how COVID-19 pandemic impacted their access to needed healthcare in 6 categories: a substantial negative effect, a moderate negative effect, a slight negative effect, positive effect, no effect, and not applicable. As demonstrated in Figure 16, the majority of respondents (57%) claimed the COVID-19 pandemic had negative effects on their access to needed healthcare. Specifically, 22% of the respondents claimed the pandemic had moderate negative effects; 20% of the respondents claimed the pandemic had slight negative effects; 15% of the respondents claimed the pandemic had substantial negative effects. On the other hand, 22% of the respondents believed the COVID-19 pandemic had no effect on their access to needed healthcare, 4% of the respondents mentioned the COVID-19 pandemic had positive effects on their access to needed healthcare, and the reminder 17% of the respondents said the pandemic effect is not applicable regarding their access to needed healthcare.

When further assessing respondents' perception of how COVID-19 pandemic impacted their access to needed healthcare by health insurance status, as evidenced in Figure 17, respondents with health insurance were more likely to answer "No Effect" on their healthcare access during the pandemic, whereas respondents without health insurance were more likely to select "Not Applicable".

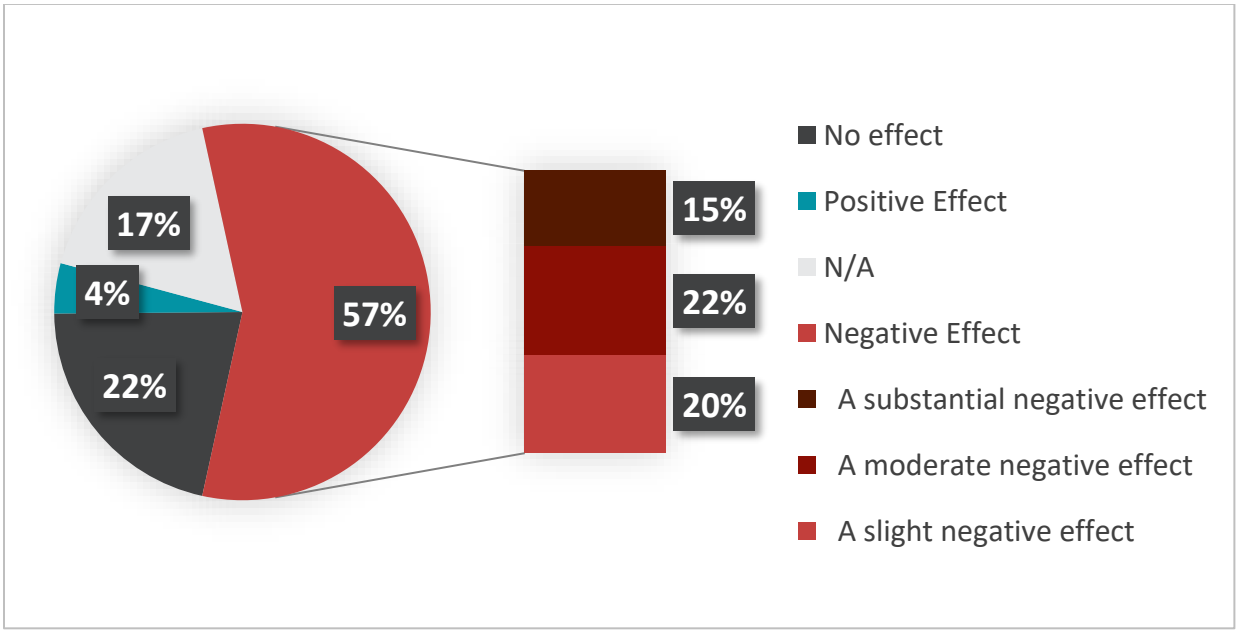


Figure 16. Impacts of the COVID-19 Pandemic on Access to Healthcare

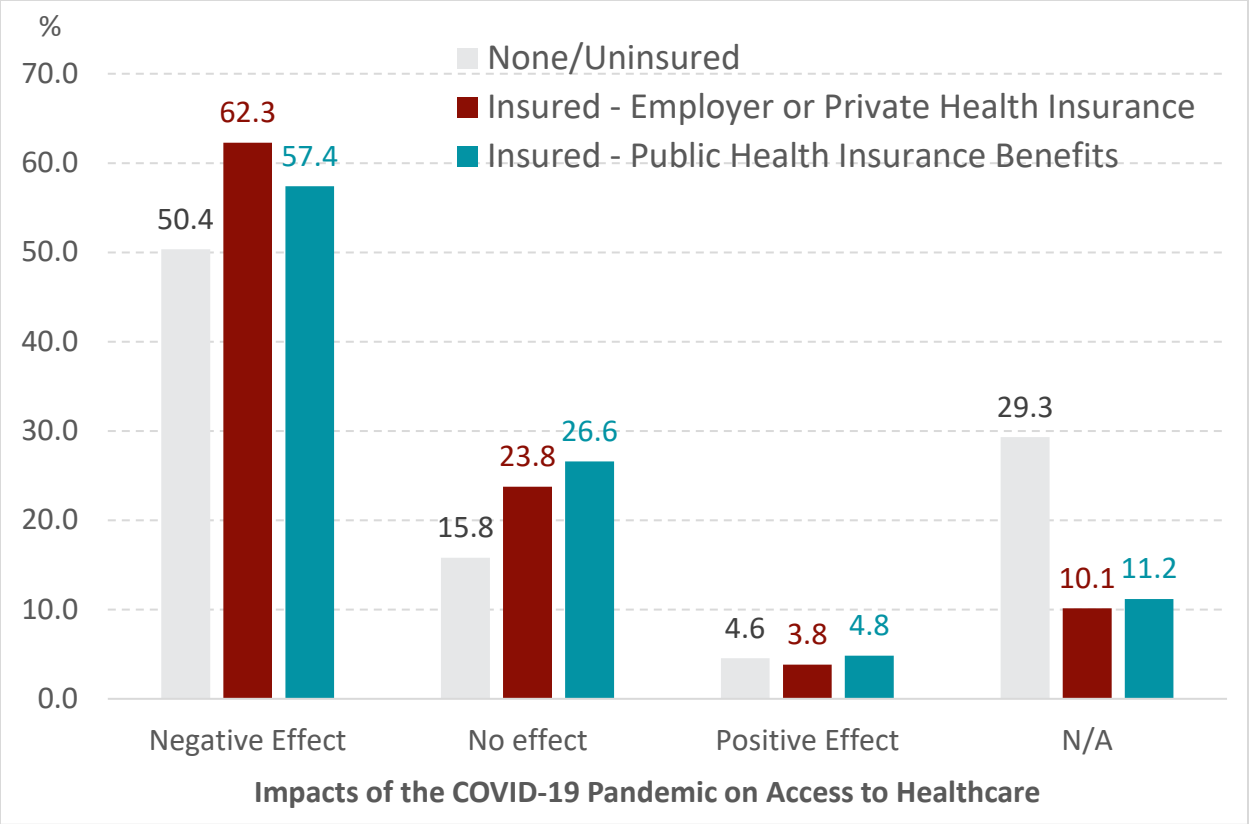


Figure 17. Impacts of the COVID-19 Pandemic on Access to Healthcare by Health Insurance Status

The survey instrument includes a follow-up question, allowing respondents to explain (in open-ended comments) why they chose the answer regarding how the COVID-19 pandemic affected their access to needed healthcare. Figure 18, 19, and 20 show several common reasons as to why respondents claimed the COVID-19 pandemic had negative effects, positive effects, or no effects (or not applicable) on their access to needed healthcare services, respectively. As shown in Figure 18, reduced healthcare access, including limited staff capacity, shortened hours, and fewer available appointments, were cited as the most common reason as to why the respondents believed the pandemic had negative effects on their healthcare access. As illustrated in Figure 19, the receipt of assistance with healthcare was mentioned as the most common reason as to why the respondents claimed the pandemic had positive effects on their healthcare access, indicating the expansion of public health insurance eligibility during the COVID-19 pandemic was a positive experience for them. As evidenced in Figure 20, “No effect on care” was cited as the most common reason as to why the pandemic had no effect (or N/A) on respondents’ healthcare access. This may imply that those respondents did not need medical services during the pandemic or could not access healthcare due to a lack of health insurance coverage.

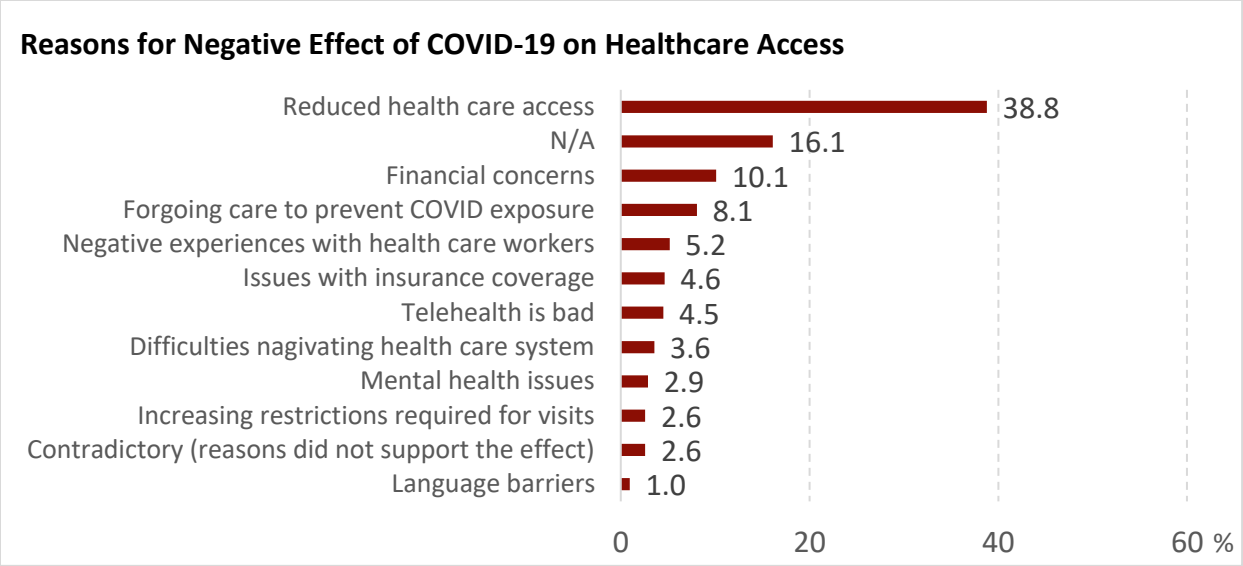


Figure 18. Reasons for Negative Effect of the COVID-19 Pandemic on Access to Healthcare

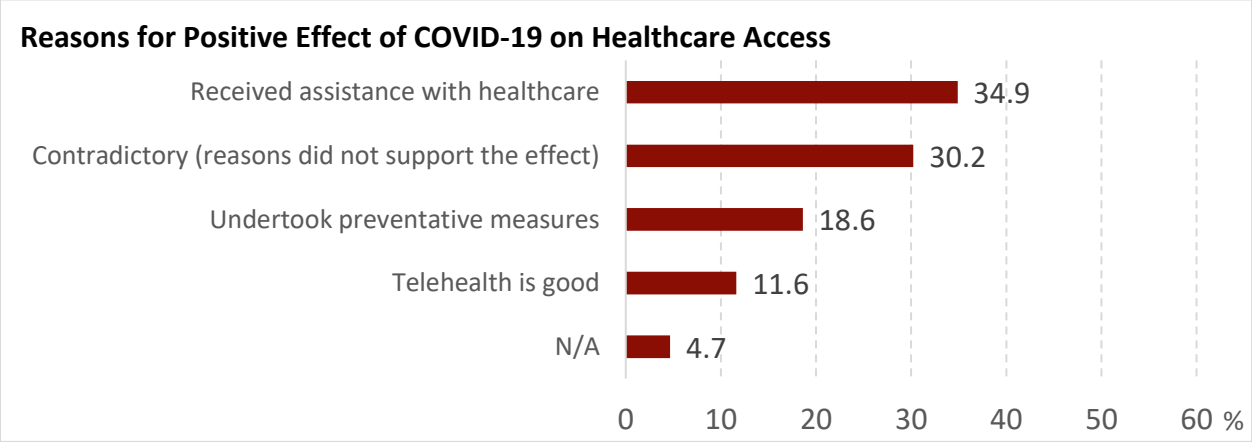


Figure 19. Reasons for Positive Effect of the COVID-19 Pandemic on Access to Healthcare

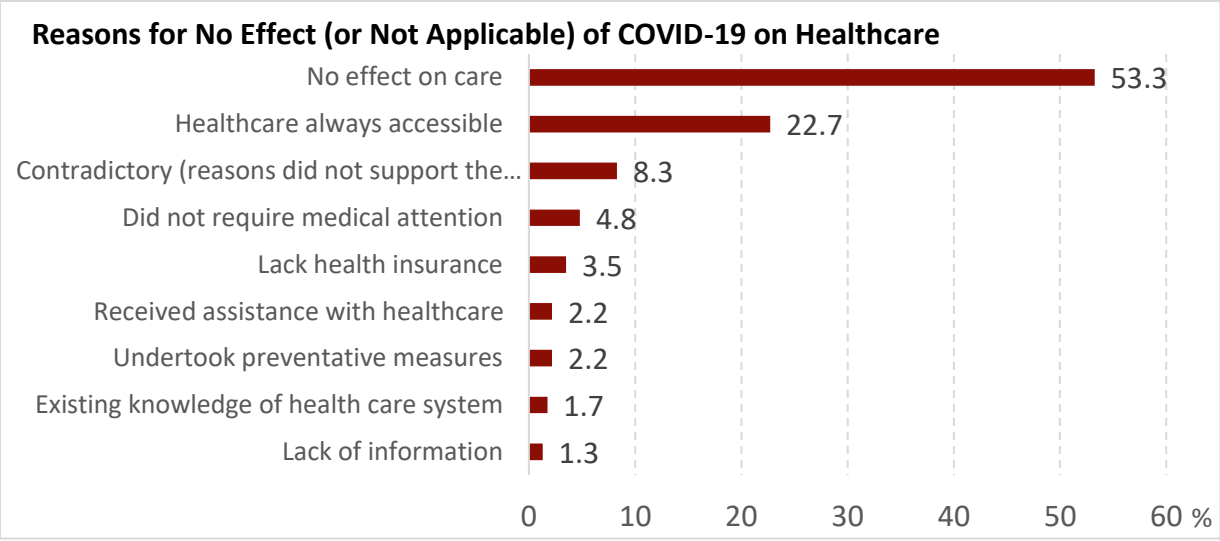


Figure 20. Reasons for No Effect (or Not Applicable) of the COVID-19 Pandemic on Access to Healthcare

5. Question: What services or support would help you get the Healthcare you need now? (select all that apply)

As shown in Figure 21, “Financial services or support with medical debt or future medical costs” was the most frequently mentioned need (41.6%) for respondents to obtain the healthcare services they need now, followed by “Health insurance services or support” (35.8%). Well over 85% of the respondents (ranges from 87% to 90%) believed that neither “Technology consultancy services or support”, “Transportation services or support”, nor “Interpretation/translation services or support” are needed for them to obtain the healthcare services they need now. For 3% of the respondents who left comments on the “Other” needs, as Figure 22 shows, “Expanded insurance coverage (including universal healthcare coverage)” and “Expanded medical service capacity (including more providers or longer hours)” were the most mentioned needs that are not included in the pre-defined options in the question. Overall, respondents expressed the needs of assistance in directly reducing the medical costs or in-directly providing health insurance to cover their medical costs, as well as expanded medical service capacity, including more service providers, longer service hours, more available appointments, etc.

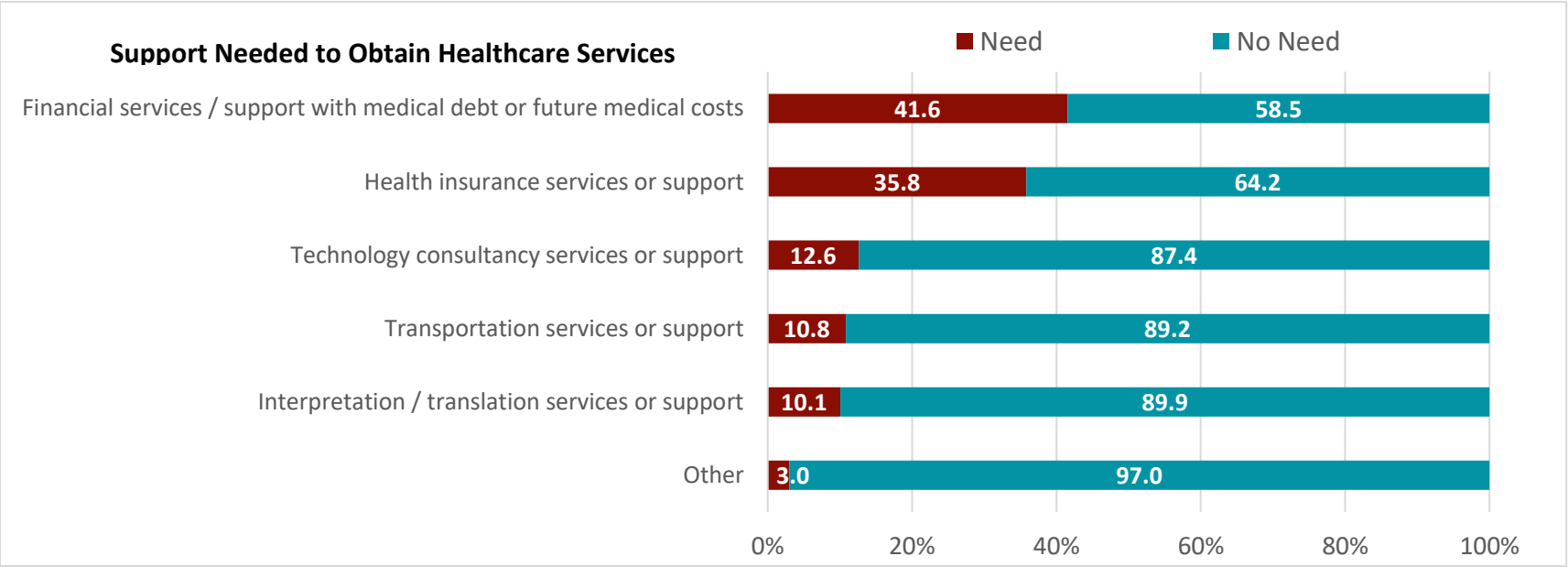


Figure 21. Services or Support Needed for Obtaining Healthcare

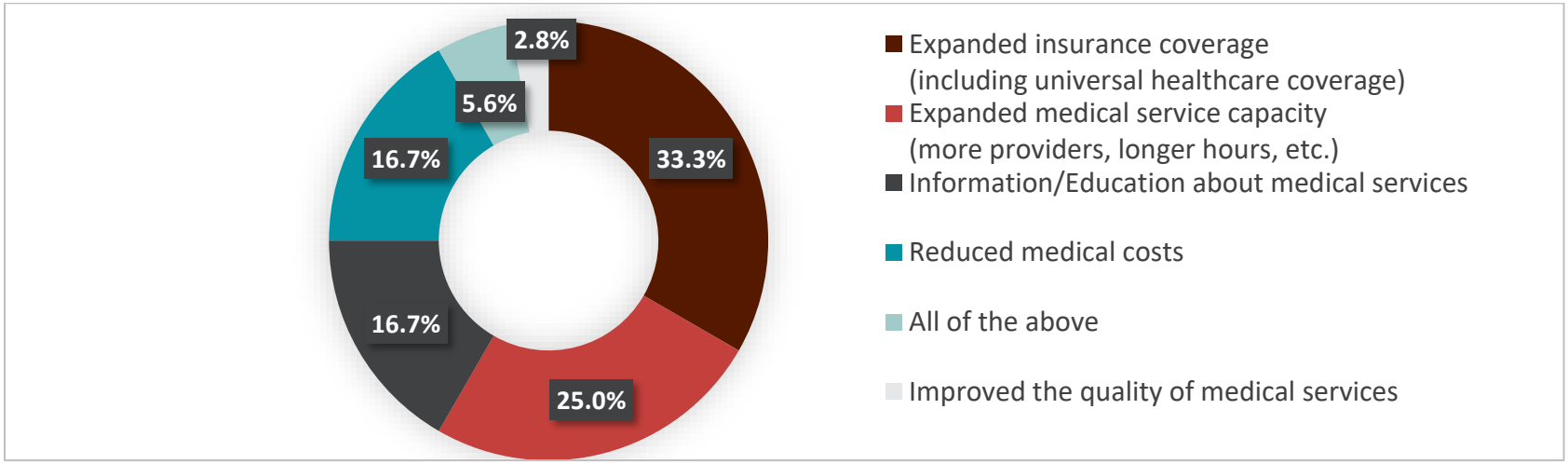


Figure 22. Types of Other Services or Support Needed for Obtaining Healthcare

Conclusion

The Access to Healthcare During COVID-19 survey was composed of 30 questions concerning individuals' demographic/socioeconomic characteristics and self-report measures assessing their access to healthcare. The survey instrument was available in multiple languages[6] and was provided through an online platform (Qualtrics) as well as in printed (or scannable) survey sheets. Respondents were recruited through social media, physical and electronic recruitment materials, and community partner word-of-mouth collaboration. Throughout the survey collection period between Jan. 23rd and Mar. 3rd, 2023, a total of 1,821 survey responses were collected.

Based on the data quality assessment, more than 90% of the survey responses were verified as valid (or completed) records, meaning only less than 10% of the survey responses were incomplete and excluded from the analysis. In terms of geographic coverage, the survey sample covered all of the Bexar County ZIP code areas, and showed high respondent counts concentrated around communities that have higher shares of under-served populations in the county (the central and southern parts). Regarding the demographic characteristics, while the survey sample shared a similar age distribution with Bexar County (2021 ACS 1-Year estimates data), it had a significantly higher proportion of female respondents, respondents with low income values, and respondents without health insurance coverage than did the county. These survey sample characteristics can be attributed to the Health Collaborative Team's outreach effort targeting at under-served communities. It is worth noting that when drawing conclusions from the survey analysis, the statistics represent the under-served population in Bexar County rather than the general Bexar County residents.

With regard to access to healthcare during the COVID-19 pandemic, the results suggest:

(1) Most of the survey respondents (42%) never used telehealth during the pandemic (respondents without health insurance presented a larger proportion at 58.6%), and 43.8% of Non-Hispanic Asian respondents claimed they utilized telehealth for half of their medical visits during the pandemic (while respondents in other race/ethnicity groups range from 10.5% to 17.0%).
(2) Respondents were more likely to postpone (or pause) seeking dental care or adult checkups during the pandemic. In contrast, the pandemic has heightened people's awareness about immunizations (outside of regular checkups) and made people more likely to utilize urgent/emergence care services for non-COVID symptoms.

[6] Surveys were available in English, Spanish, Vietnamese, Chinese (Traditional and Simplified), Arabic, Pashto, and Farsi.

(3) “Fear of catching COVID or another illness while visiting doctor’s office” was the most frequently mentioned barrier to obtaining healthcare during the pandemic by 46.3% of the respondents, followed by “Difficulty in getting an appointment when care is needed” (36.3%). Results also suggest more than one-third of the respondents (ranges from 34.4% to 42.5%) claimed that “Language barriers to find needed healthcare”, “Lack of transportation to get healthcare”, “Access to computer and internet for telehealth”, “Discrimination or rude treatment by healthcare staff”, and “Not knowing how to find needed healthcare” have never been a problem to them.

(4) The majority of respondents (57%) claimed the COVID-19 pandemic had negative effects on their access to needed healthcare, whereas 39% believed the COVID-19 pandemic had no effect (or not applicable) on their access to needed healthcare, and 4% of the respondents mentioned the COVID-19 pandemic had positive effects on their access to needed healthcare. Furthermore, reduced healthcare access (limited staff capacity, shortened hours, and fewer available appointments) was the most common reason as to why the pandemic had negative effects on respondents’ healthcare access; the receipt of healthcare assistance accounted for the most common reason for positive effects on respondents' healthcare access; no medical service need or lack of health insurance coverage to access healthcare was the most common reason as to why the pandemic had no effect (or not applicable) on respondents’ healthcare access.

(5) In order to obtain medical services respondents are needing, respondents expressed their needs of assistance in directly reducing the medical costs or in-directly providing health insurance to cover their medical costs, as well as expanded medical service capacity, including more service providers, longer service hours, and more available appointments.

Appendix

COVID-19 Access to Health Community Survey Instrument

Start of Block: BLK0

Please use the drop-down box below to select your primary language (language spoken at home) to complete the survey.

请从下面的选项选择您的母语来完成此问卷调查.
請利用下面的下拉選單擇您的母語來完成此問卷調查.
Por favor, seleccione su idioma principal (idioma hablado en casa), de las opciones proveídas debajo, para completar la encuesta.

يرجى استخدام مربعات القائمة المنسدلة أدناه لاختيار لغتك الأساسية)اللغة الأم (لإكمال الاستطلاع)

Vui lòng sử dụng hộp thả xuống bên dưới đây để chọn ngôn ngữ chủ yếu (ngôn ngữ được dùng để nói ở nhà) của quý vị để hoàn thành cuộc khảo sát.

مهرباني وکړئ د سروې بشپړولو لپاره د خپلې لومړنۍ ژبې)هغه ژبه چې تاسو په کور کې خبرې کوئ (غوره کولو لپاره لاندې ډراپ ډاون بکس وکاروئ.

لطفاً از کادر کشویی زیر برای انتخاب زبان اصلی خود)زبانی که در خانه به آن صحبت می‌کنید (برای تکمیل نظرسنجی استفاده کنید.

Page Break

Thank you for taking the time to complete the ***Access to Care During COVID-19 survey***. The results of this survey will help the Bexar County Health Collaborative identify and address community priorities raised **DURING** the early COVID-19 pandemic **(March 2020 - March 2022)**. Your participation in this survey is **anonymous**. We are not collecting or publishing any personally identifiable information. Thank you for your time. For assistance in completing this survey or if you have any questions or concerns, please contact The Institute for Demographic and Socioeconomic Research (IDSER) at UTSA and leave a message at (210) 458-6545, and a staff member will return your call.

End of Block: BLK0

Start of Block: BLK1

What ZIP code do you live in?

Page Break

Which of these race/ethnicity groups do you most identify with? (select all that apply)

- [ ] American Indian or Alaska Native
- [ ] Asian or Asian American
- [ ] Black or African American
- [ ] Hispanic, Latino, Latina, or Latinx
- [ ] Middle Eastern
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] I prefer not to answer this question
- [ ] Other, please specify: _____

Page Break

What is your age?

- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75 or older
- ○ I prefer not to answer this question

Page Break

What is your gender? (select one)

- ○ Male
- ○ Female
- ○ I prefer not to answer this question
- ○ Other, please specify: _____

Page Break

Approximately, what is your total annual household income?

- ○ Under $15,000
- ○ $15,000-24,999
- ○ $25,000-34,999
- ○ $35,000-49,999
- ○ $50,000-74,999
- ○ $75,000-99,999
- ○ $100,000-149,999
- ○ $150,000-199,999
- ○ $200,000 and over
- ○ I prefer not to answer this question

Page Break

What type of health insurance coverage did you have for you and your family members **DURING** the early COVID-19 pandemic (March 2020 - March 2022)? (Select all that apply)

- [ ] None/Uninsured
- [ ] Employer sponsored health insurance (including Tricare or VA Healthcare)
- [ ] Non-employer sponsored health insurance (Affordable Care Act, etc.)
- [ ] Medicare
- [ ] Medicaid (including CHIP)
- [ ] Other, please specify: _____

Page Break

DURING the early COVID-19 pandemic (March 2020 - March 2022), how often did you use telehealth (phone or video) to get the care you needed?

- ○ Always (every medical visit)
- ○ Often (most medical visits)
- ○ Sometimes (half of medical visits)
- ○ Rarely (less than half of medical visits)
- ○ Never (none of medical visits)

Page Break

End of Block: BLK1

Start of Block: BLK2

Thinking of everyone in your household, how likely did your household members use each of these healthcare services **DURING** the early COVID-19 pandemic (March 2020 - March 2022), compared to **BEFORE** the pandemic (before March 2020)?

Chronic disease management (including diabetes, heart disease, high blood pressure, asthma, etc.)

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Adult checkups (preventive care when not sick or injured - includes labs, cancer screenings, physicals)

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Child checkups (preventive care when not sick or injured)

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Dental care

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Immunizations outside of regular checkups, including flu shots, pneumonia vaccine, childhood vaccines, etc.

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Pregnancy and postpartum care

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Rehabilitation or physical therapy services

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Mental health services

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Urgent care or emergency care – for problems other than COVID symptoms

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Other specialty care (including cancer care, dermatology, neurology etc.), please specify:

_____

For the above Medical Services

- ○ More likely than before
- ○ About the same as before
- ○ Less likely than before
- ○ Not applicable

Page Break

End of Block: BLK2

Start of Block: BLK3

Thinking of everyone in your household and all your healthcare needs, were any of these common issues a problem in getting needed care **DURING** the early COVID-19 pandemic (March 2020 - March 2022), compared to **BEFORE** the pandemic (before March 2020)?

Cost of healthcare, or finding a provider that takes my insurance

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Cost of prescription medicines

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Difficulty in getting an appointment when care is needed

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Lack of transportation to get the healthcare

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Access to computer and internet for telehealth

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Fear of catching COVID or another illness while visiting doctor's office

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Discrimination or rude treatment by healthcare staff

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Not knowing how to find needed healthcare

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Language barriers to find needed healthcare

- ○ More a problem than before
- ○ About the same as before
- ○ Less a problem than before
- ○ Never a problem
- ○ Not applicable

Page Break

End of Block: BLK3

Start of Block: BLK4

Thinking of everyone in your household and all your healthcare needs, how did the COVID-19 pandemic affect your access to the healthcare you needed?

- ○ A substantial negative effect
- ○ A moderate negative effect
- ○ A slight negative effect
- ○ No effect at all
- ○ A positive effect
- ○ Not applicable

In your own words, why did you choose the previous answer regarding how the COVID-19 pandemic affected your access to the healthcare you needed?

_____

_____

_____

_____

_____

Page Break

What services or support would help you get the healthcare you need now? (select all that apply)

- ☐ Financial services or support with medical debt or future medical costs
- ☐ Health insurances services or support
- ☐ Transportation services or support
- ☐ Interpretation/translation services or support
- ☐ Technology consultancy services or support (regarding telehealth, health providers' app/website, etc.)
- ☐ Not applicable
- ☐ Other, please specify: _____

End of Block: BLK4

End of Survey

We thank you for your time spent completing the "***Access to Care During COVID***" survey.

Your response has been recorded.

The next set of optional questions will help us improve our outreach efforts across the City. The information you share helps us better understand how your lived experiences contribute to your experience and perceptions in this survey. Your responses will remain anonymous. Your responses to the following survey questions will **NOT** be linked to your answers to the "***Access to Care During COVID***" survey you just completed.

If you would like to receive updates regarding the final results and report for the "***Access to Care During COVID***," please complete your contact information in the following survey.

SASpeakUp Campaign List Survey Instrument

This set of optional questions will help us improve our outreach efforts across the City. The information you share helps us better understand how your lived experiences contribute to your experience and perceptions in this survey. Your responses will remain anonymous.

Start of Block: Imported Block 1 - Jan 13, 2023

What is your age?

- ○ Under 18
- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 years or older

Page Break

Please indicate your race/ethnicity(ies). Select all that apply.

- [ ] American Indian or Alaska Native
- [ ] Asian or Asian American
- [ ] Black or African American
- [ ] Hispanic, Latino, Latina, or Latinx
- [ ] Middle Eastern
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] I prefer not to answer this question
- [ ] Another option not listed here, please specify below

_____

Page Break

Are you a person living with a disability?

- ○ Yes
- ○ No.

If yes, please check all that apply:

- ☐ Blind or low vision
- ☐ Deaf or hard of hearing
- ☐ Physical or mobility
- ☐ Intellectual or developmental
- ☐ Mental health
- ☐ Chronic medical condition
- ☐ Other, please describe below

_____

Page Break

What is your gender?

- ○ Female
- ○ Male
- ○ Transgender Female
- ○ Transgender Male
- ○ Gender Non-Binary
- ○ Gender Not Listed Here
- ○ Decline to State

Page Break

What is your sexual orientation? (Select all that apply.)

- [ ] Straight/Heterosexual
- [ ] Gay
- [ ] Lesbian
- [ ] Bisexual/Pansexual
- [ ] Queer
- [ ] Asexual
- [ ] Prefer not to say

Page Break

What is your San Antonio City Council District? If you do not know your San Antonio City Council District, use this tool (https://www.sanantonio.gov/council/find-my-council-member) to search using your address.

- ○ District 1
- ○ District 2
- ○ District 3
- ○ District 4
- ○ District 5
- ○ District 6
- ○ District 7
- ○ District 8
- ○ District 9
- ○ District 10
- ○ I do not live in a San Antonio City Council District.

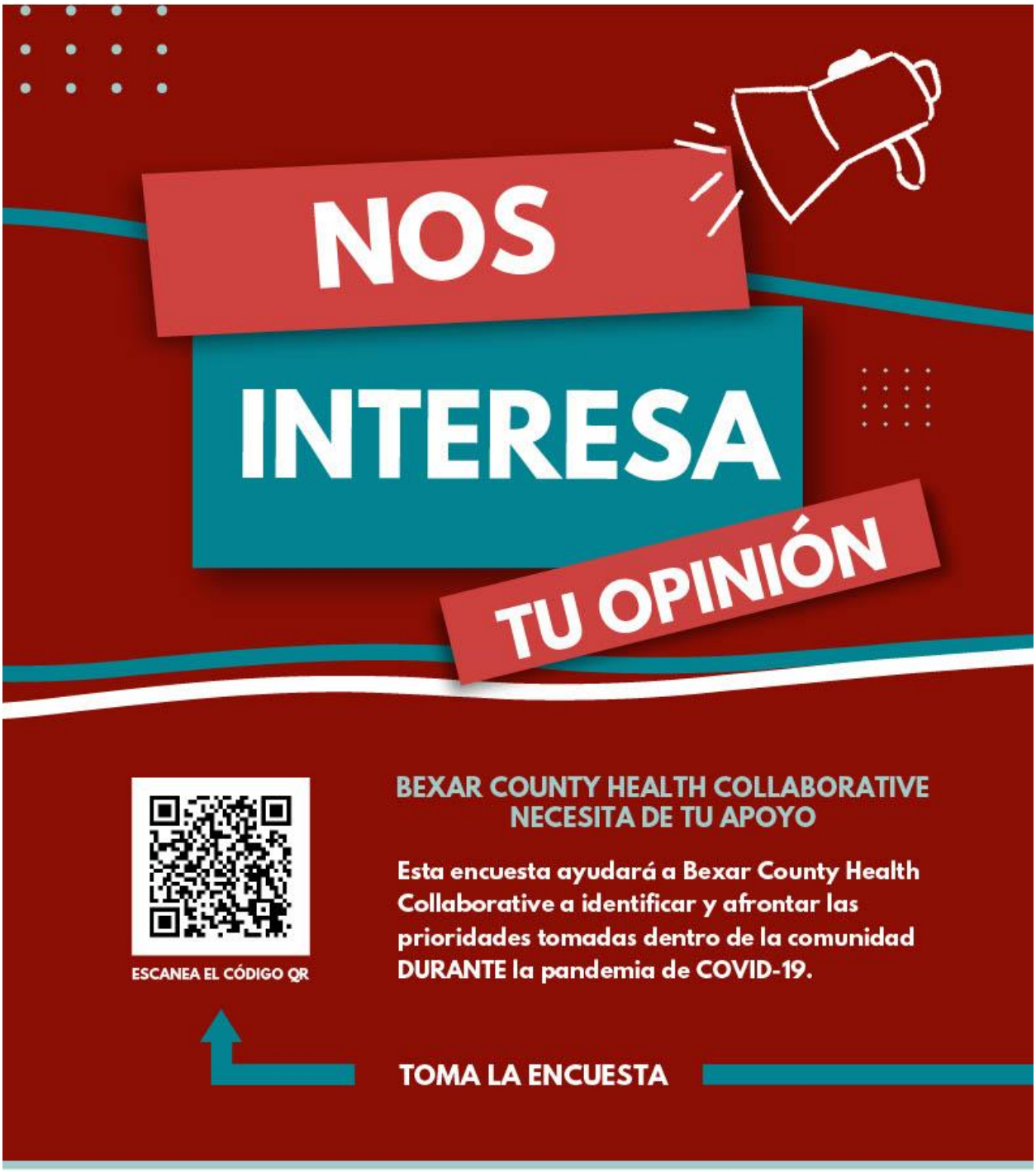
Page Break

Contact Information

- ○ Name _____
- ○ Email _____
- ○ Phone Number _____

Page Break

Survey Promotional Flyers



METROPOLITAN HEALTH DISTRICT

IDSER INSTITUTE FOR DEMOGRAPHIC & SOCIOECONOMIC RESEARCH

UTSA

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METROPOLITAN HEALTH DISTRICT

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QUÉT MÃ QR
BEXAR COUNTY HEALTH COLLABORATIVE
CẦN Ý KIẾN PHẢN HỒI CỦA QUÝ VỊ
Khảo sát này sẽ giúp Bexar County Health Collaborative xác định và giải quyết các ưu tiên của cộng đồng được nêu ra TRONG THỜI GIAN diễn ra đại dịch COVID-19.
THAM GIA KHẢO SÁT
METROPOLITAN HEALTH DISTRICT
IDSER
INSTITUTE FOR DEMOGRAPHIC & SOCIOECONOMIC RESEARCH
UTSA
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نتطلع
لمعرفة
ملاحظاتك
فريق التعاونية الصحية لمقاطعة بيكسار
(بيار) يتطلع لمعرفة ملاحظاتك
هذا الاستبيان سوف يساعد التعاونية الصحية لمقاطعة بيكسار (بيار)
على تحديد احتياجات المجتمع وأولوياته التي ظهرت أثناء جائحة كوفيد-
19وكيفية التعامل معها
لتعبئة الاستبيان الرجاء مسح رمز الاستجابة السريعة QR Code بواسطة كاميرا
الموبايل الخاصة بك
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